

<i>SERFF Tracking Number:</i>	<i>UNLI-126464241</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unified Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>45461</i>
<i>Company Tracking Number:</i>	<i>5013</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>2010 ULIC Individual Hospital/Surgical Rate Filing</i>		
<i>Project Name/Number:</i>	<i>2010 ULIC Individual Hospital/Surgical Rate Filing /</i>		

## Filing at a Glance

Company: Unified Life Insurance Company

Product Name: 2010 ULIC Individual  
Hospital/Surgical Rate Filing

TOI: H151 Individual Health -  
Hospital/Surgical/Medical Expense

Sub-TOI: H151.001 Health -  
Hospital/Surgical/Medical Expense

Filing Type: Rate

SERFF Tr Num: UNLI-126464241 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 45461

Co Tr Num: 5013 State Status: Approved-Closed

Authors: Beth Dixon, Diane  
Lauerman

Date Submitted: 04/19/2010  
Disposition Status: Approved-  
Closed

Reviewer(s): Rosalind Minor

Disposition Date: 04/20/2010

Implementation Date Requested: 05/01/2010

State Filing Description:

Implementation Date:

## General Information

Project Name: 2010 ULIC Individual Hospital/Surgical Rate Filing

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 18%

Filing Status Changed: 04/20/2010

Deemer Date:

Submitted By: Beth Dixon

Filing Description:

2010 Unified Life Insurance Company Individual Hospital and Surgical Rate Increase Filing and Rate Certification

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 04/20/2010

Created By: Diane Lauerman

Corresponding Filing Tracking Number:

Due to the increasing cost of medical care, we find it necessary to adjust our rates on a closed block of individual Hospital Surgical policy forms. Enclosed are copies of an Actuarial Memorandum in support of the Company's 18% rate increase request. Please note that the policy forms affected by this filing are no longer marketed, therefore the rate

SERFF Tracking Number: UNLI-126464241 State: Arkansas

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revision will apply to in force policies only.

All of these forms are currently administered by Unified Life Insurance Company. Some of these policies were acquired by Unified Life Insurance Company in 2006 from National Financial Insurance Company (NFIC) and American Insurance Company of Texas (AICT.) Additional policies were acquired by Unified Life Insurance Company in 2008 from National Safety Life Insurance Company (NSL.) All forms have been combined for rate increase purposes.

The proposed effective date is May 1, 2010, but contingent on state approval of the rate revision or thereafter taking into consideration policyholder notification guidelines in your state. The estimated number of policyholders in your state and nationwide which will be affected by this revision is shown in Exhibit II of the Actuarial Memorandum. The annualized premium in your state and nationwide is also shown in Exhibit II of the Actuarial Memorandum.

## Company and Contact

### Filing Contact Information

Beth Dixon, Actuarial Services Director bdixon@unifiedlife.com  
7201 W 129th St 913-871-7321 [Phone]  
Suite 300 913-871-7322 [FAX]  
Overland Park, KS 66213

### Filing Company Information

Unified Life Insurance Company	CoCode: 11121	State of Domicile: Texas
7201 W 129th	Group Code:	Company Type: Life and Health
Suite 300	Group Name:	State ID Number:
Overland Park, KS 66213	FEIN Number: 43-1917728	
(913) 871-7290 ext. [Phone]		

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	The Company's state of domicile, Texas, also requires a \$50 filing fee.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
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<b>Unified Life Insurance Company</b>	<b>\$50.00</b>	<b>04/19/2010</b>	<b>35759977</b>

SERFF Tracking Number:	UNLI-126464241	State:	Arkansas
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/20/2010	04/20/2010

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	04/20/2010	04/20/2010	Beth Dixon	04/20/2010	04/20/2010

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## Disposition

Disposition Date: 04/20/2010

Implementation Date:

Status: Approved-Closed

Comment:

We have approved a 15% level rate increase on your submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Unified Life Insurance Company	18.000%	18.000%	\$1,414	23	\$7,853	18.000%	18.000%

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Supporting Document</b>	Revised Actuarial Memorandum	Approved-Closed	No
<b>Rate (revised)</b>	AR Exhibit I - Rev 15%.pdf	Approved-Closed	No
<b>Rate</b>	AR Exhibit I.pdf	Approved-Closed	No

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 05/20/2010  
Submitted Date 04/20/2010

Respond By Date

Dear Beth Dixon,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

Our Department has been working with insurance companies on the rate increases which they are submitting to our Department.

The majority of the companies have been filing rate increases in excess of 15% on limited benefit policies and specified disease policies. Our Department is requesting that the companies consider no more than a 15% increase due to substantial increases in past years and/or the impact that another increases would have on the insureds during this difficult economic time.

If you accept the 15%, please provide a revised actuarial memorandum along with the revised rates.

Thank you for your understanding and cooperation.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 04/20/2010  
Submitted Date 04/20/2010

Dear Rosalind Minor,

SERFF Tracking Number: UNLI-126464241 State: Arkansas  
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**Comments:**

**Response 1**

Comments: Attached please find a revised actuarial memorandum and Exhibit I rate sheet reflecting a proposed 15% increase.

Thank you for your continued review of this filing.

**Related Objection 1**

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

Our Department has been working with insurance companies on the rate increases which they are submitting to our Department.

The majority of the companies have been filing rate increases in excess of 15% on limited benefit policies and specified disease policies. Our Department is requesting that the companies consider no more than a 15% increase due to substantial increases in past years and/or the impact that another increases would have on the insureds during this difficult economic time.

If you accept the 15%, please provide a revised actuarial memorandum along with the revised rates.

Thank you for your understanding and cooperation.

**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: Revised Actuarial Memorandum

Comment:

No Form Schedule items changed.

**Rate/Rule Schedule Item Changes**

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
AR Exhibit I - Rev	6532, AHHI86, AMREP,	Revised	Previous State Filing Number	



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15%.pdf G762, GR-501, GR-502,  
GR505, H0316, H0516-R,  
H0557, H8900, HR2, N248,  
PHI85, S-61

UNLI-126464241  
Percent Rate Change Request  
15

**Previous Version**

AR Exhibit I.pdf 6532, AHHI86, AMREP, New  
G762, GR-501, GR-502,  
GR505, H0316, H0516-R,  
H0557, H8900, HR2, N248,  
PHI85, S-61

Previous State Filing Number

0

Sincerely,  
Beth Dixon, Diane Lauerman

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## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	Prior Approval
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	15.000%
<b>Effective Date of Last Rate Revision:</b>	11/06/2007
<b>Filing Method of Last Filing:</b>	Prior Approval

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Unified Life Insurance Company	18.000%	18.000%	\$1,414	23	\$7,853	18.000%	18.000%